



## MEDICAL EXAMINATION BY REGISTERED PHYSICIAN

NOTE TO EXAMINING MEDICAL DOCTOR: This person will participate in a strenuous program of camping activities in an altitude of between 6,000 and 12,000 feet. This may include riding, climbing and running. If, in your opinion, he should not participate in some or all of these activities, please so indicate below.

1. Condition of Heart? .....
2. Condition of Lungs? .....
3. Condition of Throat? .....
4. Condition of Skin? .....
5. Condition of Ears? .....
6. Condition of Eyes? .....
7. Condition of Extremities? .....
8. Condition of Teeth? .....
9. Has Scout developed Hernia? .....

*Space Below for Recommendation, Conditions and Further Data:*

Do you think that this person is likely to be sensitive to serum inoculations? .....

Please state if, in your mind, this applicant is in a satisfactory physical condition to take part in the Scout Program of strenuous outdoor activities at an altitude of 6,000 to 12,000 feet elevation. If not, please state what should be avoided. ....

Date ..... 194 .....

(Signed) ..... M. D.

Are you the Family M. D.?  
Yes No

### RE-CHECK ON ARRIVAL AT PHILMONT SCOUT RANCH

It is of the greatest importance for the protection of each individual and of the entire camp population that a re-check be made by a medical doctor of the health condition of each Scout and leader on arrival at camp. This must include observation of the throat, skin, eyes, a stethoscopic examination of the heart, and check for hernia.

A re-check by a medical student, physical director or other layman is not acceptable.

### STATEMENT OF M. D. MAKING RE-CHECK

I have, after looking over the health history and medical examination record of this Scout or Scouter, at Philmont Scout Ranch, made the designated re-check and find at this time that he is physically (fit) (unfit) to indulge in the camp activities program.  
(Cross out one)

Specify exceptions: .....

Recommendations: .....

Date ..... 194 .....

(Signed) ..... (Medical Doctor)

### HEALTH HISTORY IN CAMP

Note any physical injury or condition which has developed in camp, to which parents' attention should be directed.

Date ..... 194 .....

(Signed) ..... (Medical Doctor)